DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/31/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445439 B. WING NAME OF PROVIDER OR SUPPLIER 07/28/2014 STREET ADDRESS, CITY, STATE, ZIP CODE MT JULIET HEALTH CARE CENTER 2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY K 022 NFPA 101 LIFE SAFETY CODE STANDARD K 022 SS=D K 022 SS≃D NFPA 101 LIFE SAFETY CODE Access to exits is marked by approved, readily STANDARD visible signs in all cases where the exit or way to reach exit is not readily apparent to the Requirement: occupants. 7.10.1.4 Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. Corrective Action: Maintenance Director replaced light bulbs in the exit sign leading into the dining room. This STANDARD is not met as evidenced by: Maintenance Director replaced Based on observations, it was determined the light builb in the exit sign near facility failed to maintain 1 of the 2 exit signs room 113, Both completed located in the kitchen. 8/15/14. The finding included: 2. Maintenance Director checked all other exit signs to make sure 1. Observation the kitchen on 7/28/14 at 1:13 illumination was visible, 8/15/14 PM, revealed the exit sign leading into the dinning Maintenance Director will make room was not illuminated. Nation Fire protection weekly rounds to make sure all association (NFPA) 101, 7.10.5.1 (2000 Edition) exit signs are illuminating properly. 2. Observation on 7/28/2014 at approximately 12:52 PM, revealed the exit sign near room 113 Administrator and Maintenance had a burned out bulb. NFPA 101, 7.10.5.1 (2000 Director will make monthly rounds to make sure all exit Edition) signs are illuminating properly. These findings were verified by the maintenance Administrator will review procedure at monthly director during the survey and acknowledged by safety meeting. Completion the administrator during the exit conference on Date: 8/15/14. 7/28/14. K 025 NFPA 101 LIFE SAFETY CODE STANDARD K025 SS=F K 025 SS≂F NFPA 101 LIFE SAFETY CODE Smoke barriers are constructed to provide at STANDARD

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Arlministra ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

TITLE

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES			Р	RINTE(FORI	D: 07/31/2014 MAPPROVED	
CENTERS FOR MEDICARE & MEDICAID SE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPI IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
445439		B. WING			07/28/2014			
NAME OF PROVIDER OR SUPPLIER MT JULIET HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122				
(X4) ID PREFIX TAG	: (EACH DEFICIENCY)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RF	(X5) COMPLETION DATE	
K 025	Continued From page 1 least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4		KO	025	Requirement: Smoke barriers are constructed to provide at least one half hour firmer in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames A minimum of two separate compartments are provide on each floor. Damper's are not required induct penetrations of smoke barriers in fully ducted heating ventilating, and air conditioning systems.	ur fire e with ninate s are or by ames. parate each quired smoke eating,		
	Based on observation facility failed to maintabarriers. The findings included: 1. Observation on 7/2 a penetration in the 40 located above the fire director of nursing offit Association (NFPA) 10. 2. Observation on 7/2 the end of a condult we corridor smoke/ fire was loors next the nurses 7.8.3.6.1 (2000 Edition 3. Observation on 7/2 a penetration in the 10	28/14 at 10:10 AM, revealed 20 corridor smoke/ fire wall doors next to the assistant ce. National Fire Protection 21, 7.8.3.6.1 (2000 Edition) 8/14 at 10:11 AM, revealed as not sealed in the 300 all located above the fire station. NEPA 101			Corrective Action: 1. Maintenance Director sealed penetrations with approved fire rated caulk in the 400 corridor smoke/fire wall near the ADON office, in the 300 corridor smoke/fire wall above the fire door next to the nurses' station, and in the 100 corridor smoke/fire wall located above the fire doors. Completed on 8/15/14. 2. Maintenance Director did an audit of recent construction projects in building to make sure no other violations of penetrations were found. 3. Maintenance Director will make monthly rounds to make sure penetrations are secure and no other penetrations have			
!	2000 Edition) hese findings were ve	erified by the maintenance			occurred.	ļ		

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/31/2014 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445439 B. WING 07/28/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2650 NORTH MT JULIET ROAD MT JULIET HEALTH CARE CENTER MOUNT JULIET, TN 37122 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ΙĐ PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 025 | Continued From page 2 Administrator and Maintenance K 025 Director will review monitoring at director during the survey and acknowledged by monthly safety meeting. the administrator during the exit conference on Completion Date: 9/1/14 7/28/14 NFPA 101 LIFE SAFETY CODE STANDARD K 029 K 029 K 029 SS⊭F SS=F One hour fire rated construction (with 1/4 hour NFPA 101 LIFE SAFETY CODE fire-rated doors) or an approved automatic fire STANDARD extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When Requirement: the approved automatic fire extinguishing system One hour fire rated construction option is used, the areas are separated from (with % haur fire rated doors) or other spaces by smoke resisting partitions and approved doors. Doors are self-closing and non-rated or automatic fire extinguishing field-applied protective plates that do not exceed system In accordance with 8.4.1 and or 48 inches from the bottom of the door are 19.3.5.4 protects hazardous areas. permitted. 19.3.2.1 When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-This STANDARD is not met as evidenced by: rated or field-applied protective Based on observations, it was determined the plates that do not exceed 48 facility failed to protect the hazardous areas. inches from the bottom of the door are permitted. The finding included: **Correction Action:** Observation of the water heater room on 7/28/14 at 10:48 AM, revealed the fire door's self closing Maintenance Director replaced device, door handle, and door latch were latch with auto locking latch. removed. National Fire Protection Association Maintenance Director replaced door closer on 8/15/14. (NFPA) 80, 15-1.2 (1998 Edition) Maintenance Director checked This finding was verified by the maintenance other potential hazard areas for director during the survey and acknowledged by managed accessibility the administrator during the exit conference on On 8/15/14. 7/28/14. K 038 NFPA 101 LIFE SAFETY CODE STANDARD 3. Maintenance will make weekly

SS≍E

latches

compliance.

rounds on all auto locking

ensure

to

K 038

sure

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This STANDARD is not met as evidenced by:

Based on observations and records review, it

monthly

K 061 SS=E

NFPA LIFE

STANDARD

Completed 9/1/14.

meeting.

CODE

Director will review monitoring at

SAFETY

safety

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/31/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445439 B. WING NAME OF PROVIDER OR SUPPLIER 07/28/2014 STREET ADDRESS, CITY, STATE, ZIP CODE MT JULIET HEALTH CARE CENTER 2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 4 Requirement: K 061 was determined the facility failed to supervised 4 Required automatic . sprinkler control values located in the sprinkler system. systems have valves supervised so that at least a local alarm will The findings included: sound when the valves are closed. 1. Observation on 7/28/14 at 10:50 AM, revealed the # 2 post indicating value (PIV) located next to Corrective Action: the back flow preventer was not supervised. 1. Maintenance Director contacted National Fire Protection Association (NFPA) 72, North Star Fire & Alarm Company on repair 2-9.1 (1999 Edition) and instillation of PIV Supervisory Circuit on 8/13/14, 2. Observation on 7/28/14 at 10:51 AM, revealed the back flow preventer (2) control values were 2. North Star Fire & Alarm not supervised. NFPA 72, 2-9.1 (1999 Edition) Company will ensura compliance with state 3. Records review on 7/28/14 at 1:30 PM, regulations regarding automatic revealed the following deficiency was noted but sprinkler system that will alert not corrected on the sprinkler report dated staff and monitoring service of 1/23/14: Temper on PIV (#1) does not report to potential malfunction. panel but it does have a lock on it. NFPA 72, North Star will perform quarterly 2-9.1 (1999 Edition) and annual inspections These findings were verified by the maintenance ensure proper functioning. director during the survey and acknowledged by Administrator and Maintenance the administrator during the exit conference on Director will keep inspections on 7/28/14. file. Completion Date: 9/12/14 NFPA 101 LIFE SAFETY CODE STANDARD K 062 K 062 K 062 SS=F SS≂F Required automatic sprinkler systems are NFPA 101 LIFE SAFETY CODE continuously maintained in reliable operating STANDARD condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25. Requirement: 9.7.5 Required automatic sprinkler systems аге continuously maintained in reliable operating condition and are inspected and This STANDARD is not met as evidenced by: tested periodically. Based on observations, it was determined the Corrective Action:

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8/20/14.

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The finding included:

precautionary

break room entrance.

signage

oxygen storage on 8/22/14 at

for

ORM CMS-2567(02-99) Previous Versions Obsolete

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Event ID: 49H321

meeting for

Completion Date 9/12/14,

Facility

six

months.

i sheet Page 9 of 10

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445439 B. WING 07/28/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MT JULIET HEALTH CARE CENTER 2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 144 Continued From page 9 K 144 director during the survey and acknowledged by the administrator during the exit conference on 7/28/14. K 147 NFPA 101 LIFE SAFETY CODE STANDARD K 147 SS=D K 147 SS=F Electrical wiring and equipment is in accordance NFPA 101 LIFE SAFETY CODE with NFPA 70, National Electrical Code. 9.1.2 **STANDARD** Requirement: Electrical wiring and equipment is This STANDARD is not met as evidenced by: in accordance with NFPA 70, Based on an interview, it was determined the National Electrical Code 9.1.2. facility failed to maintain the electrical equipment Corrective Action: The finding included: Maintenance Director will Interview with the maintenance director 7/28/14 at acquire retention force test tool 1:45 PM, revealed the facility was not conducting to test electrical outlets in the required annual retention force test of the patient care areas on 9/1/14. grounding blade of each electrical receptacle Maintenance Director will test located in the patient care areas. Nation Fire protection association (NFPA) 99, 3-3.3.3 (1999 facility outlets and replace upon failure to meet acceptable Edition) measurements by 9/12/14. This finding was verified by the maintenance 3. Maintenance Director will test director during the survey and acknowledged by annually using the retention the administrator during the exit conference on force test tool all electrical 7/28/14. outlets in patient care areas. 4. Administrator and Maintenance Director will review to ensure. compliance at monthly safety meeting for 1 year. Completion Date: 9/12/14